

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/125128

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		1				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
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14		2				
15		1				
16		1				
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24	1					
25		2				
26		2				
27		2				
28		2				
29		1				
30		2				
31		2				
32		2				
33	1					
34		1				
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46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
52												
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58	1											
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TOTAL CLAIMS												